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## \*BIBDATASHEET\*

CONFIRMATION NO. 2552

Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/699,330 | <b>FILING OR 371(c) DATE</b><br>10/31/2003<br><b>RULE</b> | <b>CLASS</b><br>430 | <b>GROUP ART UNIT</b><br>1752 | <b>ATTORNEY DOCKET NO.</b><br>062020-1540 |
|------------------------------------|---|---------------------|-------------------------------|---|

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/423,013 11/01/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/17/2004

|  |                               |                             |                           |                                |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>GA | <b>SHEETS DRAWING</b><br>18 | <b>TOTAL CLAIMS</b><br>31 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged  | Examiner's Signature          | Initials                    |                           |                                |

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## TITLE

SACRIFICIAL COMPOSITIONS, METHODS OF USE THEREOF, AND METHODS OF DECOMPOSITION THEREOF

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>957 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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